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A PARTIAL REVIEW OF TWO THOUSAND CASES OF MIDWIFERY.[1]

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Craniotomy. — This is the most frightful and perhaps the most common of all methods of embryotomy, and I think myself fortunate with such a large number of cases to have been compelled to its adoption in two instances only, — both noted in the table.

Mrs. B., a healthy primipara, with narrow pelvic diameters, had been in labor twelve hours or more. The head entered the upper strait and advanced very slowly. The presentation was the first form, — anterior fontanelle to left sacro-iliac synchondrosis. The pains were regular and very strong, but at length all progress ceased, and two hours after the head was thoroughly impacted. The patient's mother, who was an old nurse, and possessed a good share of courage, was my only assistant. At a late hour of a cold winter night I returned home for instruments, and soon applied the forceps, but with great difficulty. Traction, long and strong, was continued for some time to no purpose. At last I found something more must be done. I proposed craniotomy to the plucky mother as a *dernier ressort;* she replied, "Do as you think best, doctor. I am not afraid." Allowing the forceps to remain on, I passed Smellie's scissors along my finger as a guide and punctured the cranial bones, and on turning the handles freely a large opening was established. Withdrawing the perforator, compression and traction were freely made by the forceps, and blood and brain were evacuated in large quantity. Even then the head could not be removed. The sharp hook was soon introduced within the head and force continuously applied, and its delivery was rapidly accomplished.

The other case did not materially differ from the first, and it is unnecessary to describe it.

The mother made a good recovery, and several years after gave birth to a smaller infant before I could arrive at the house.

Hæmorrhage Ante Partum. — The extreme vascularity of the gravid uterus and the pressure of its contents both favor a tendency to hæmorrhage. I now speak of that form occurring in the last months of pregnancy. Congestion of uterine vessels may possibly produce it, but far the most frequent, in my experience, is partial detachment of the placenta. Rest, ice to the abdomen, astringents, for example, acetate of lead and opium, ergot and brandy, with acidulated drinks, and perhaps a tampon to the vagina, may prove sufficient to arrest it. Should these heroic remedies fail and profuse hæmorrhage continue, all that remains is to effect a speedy delivery. In such cases by prompt action I have usually succeeded in saving the mother, but losing the child. And in these examples, on examining the placenta, I have observed small coagula of blood adherent to the maternal surface.

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[1] Concluded from page 868.

Hæmorrhage post partum is still more alarming, and nothing short of complete and firm contraction of the uterus affords sure relief. When blood flows freely, ergot and brandy in large doses may be given; the hand should be introduced, and in shape of the fist be kept firmly in the uterine cavity, and firm pressure be kept up on the abdominal walls, with ice applied outwardly, until the contractions expel the hand, and the organ assumes the form of a hard, round ball. Then, and not before, does the danger cease.

Post-partum hæmorrhage is always alarming, sometimes frightful, yet, fortunately, I do not recall a single fatal case in the course of my practice.

Puerperal Convulsions. — Under this head hysteric convulsions are excluded, although they frequently occur both before and after delivery, are always troublesome, but never dangerous.

The two forms which I wish to describe are the epileptic and the apoplectic. The only warning we usually have of this alarming complication of labor is the appearance of albumen in the urine, and œdematous swellings of the feet and legs of several weeks' duration. These symptoms are not infallible, but I think rarely fail. Four cases of convulsions are noted in the table, and others of prior date are distinctly recalled. In three cases convulsions occurred during labor, in one after its completion: two mothers and the children survived; the other two and the children died.

If convulsive movements appear and the patient is plethoric or not anæmic, I promptly resort to free venesection, and have repeatedly witnessed the most favorable results. The convulsions usually return with the pains, but not with every uterine contraction. Ether is freely inhaled on the approach of a convulsion. The bowels are to be kept free by enemata, and urine to be drawn by the catheter when needful. If these measures fail in arresting convulsive action, at the first possible moment, even with the head high up, I apply the forceps and complete the delivery. The uterus is thus relieved of its burden, the presumable cause of all trouble. Yet convulsions may not cease on delivery; for example, in the two fatal cases mentioned.

A respectable Irishwoman engaged my services for her approaching confinement. For six weeks before the expected event her feet and legs swelled excessively, with pitting on pressure. A liberal quantity of albumen was found in the urine from day to day; this was sensibly diminished by remedies. At length labor came on, and convulsions promptly appeared. The woman was plethoric, and I removed from the arm thirty or forty ounces of blood at once, but with little apparent benefit. Ether was constantly used. When the head had descended sufficiently I grasped it with the forceps, and quickly delivered a still-born child. Convulsions of great severity continued post partum; the breathing became stertorous, and fatal coma soon terminated her sufferings.

Convulsions Post Partum. — I will refer to a case of convulsions post partum, in which mother and child both recovered. Mrs. M., a robust, healthy primipara, passed through a tedious natural labor without accident, and I left the house with the feeling that "all 's well." In an hour or so I was hastily summoned to return, and found the woman violently convulsed, with distortion of features. At short intervals the convulsions returned. I attempted venesection, but in vain. Subsequently I called Dr. Minot to my assistance, and a second attempt was successful in removing twenty or thirty ounces of blood from the arm, and was followed by decided relief. Chloral hydrate, half a drachm in solution, was given by enema, at Dr. Minot's suggestion, and bromide potassium administered freely. The mother was soon able to nurse her child, and made a rapid recovery. The good effects of venesection were prompt and striking.

Puerperal peritonitis, either sporadic or epidemic, is an alarming malady, and generally fatal in its termination. Three sporadic cases are mentioned. Commencing with an irritated uterus, soon a large portion, or the entire extent, of the abdominal parietes become excessively tender and tympanitic. As to treatment, there is no reliable course recommended. Bleeding, when admissible, stands first; then calomel and opium in alternative doses, and sufficient to allay pain; ol. terebinth by mouth and in enemata to relieve tympanitis; turpentine stupes and poultices to the abdomen; quinine and brandy with nutritious diet; and injections of the uterine cavity with weak solutions of carbolic acid or permanganate of potash to correct the foul discharges. Death sometimes results from uræmia, but more frequently from septicæmia or pyæmia.

Dr. Ferguson says, "If we take the results of treatment adopted in various puerperal epidemics by various practitioners, we shall find that on a large scale one in every three will die with all the resources which medicine at present offers. To save two out of three, then, may be termed good practice in an epidemic season." Only one of my three cases, if I rightly remember, recovered.

In regard to the origin of this disease, either from erysipelas or scarlet fever, I have no personal experience. In no instance have I occasion to regret that I have been the vehicle or medium of transmitting the contagion, but I have always been scrupulously careful in my attendance on such patients.

Puerperal Mania. — Only one example of this affection is noted in the table. All those instances in which insane expressions are vented in the progress of labor, provoked by the severity of pain or exhausted condition of the nervous system, are ephemeral in their nature, and undeserving the title of mania. As I have full notes of the case mentioned, I will relate it: —

Mrs. W., of East Somerville, a healthy young woman, of nervous temperament, was safely delivered of second child, after a moderate natural labor of twelve hours' duration, April 18, 1872. During the labor she was cheerful, and such had been her history through the period of pregnancy, only that in the latter months she had been much interested and somewhat excited from attendance on "revival meetings" in the village. On the third day the secretion of milk appeared, and the child nursed freely. Everything went on smoothly till the seventh day, when I dismissed the patient. April 28th, three days after the last visit, I was hastily summoned by the husband, saying that "his wife was insane." On my arrival I found Mrs. W. greatly excited, talking incessantly and incoherently; she had requested that the clergyman should be called in, who responded to the call, and prayed with her before my arrival. Though highly delirious and excited, at my request she took medicine from me. Bromides were freely given, and cold applications to the head. On the 29th and 30th she rapidly grew worse, with incessant incoherent talking, and very little sleep at night. On the 31st, Dr. Tyler, superintendent of the insane asylum, was called in consultation, who gave a prognosis favorable to recovery, yet probably tedious in duration. The pulse at my first visit was 84, increasing to 100 and 120 per minute. At length the nurse, the only person who had any control over the patient, became exhausted. Removal to the Somerville asylum was recommended, which was safely accomplished, though there was much resistance, May 6th. Her improvement was slow, but in six months she was restored to her family cured. The babe was excessively nervous, and appeared to inherit the excitability of the mother.

Inversion of the Uterus. — I was once called late to a case of rapid delivery; the pains were severe, and the child came with a "rush" before my arrival. Immediately the placenta pressed down the vagina. On examination it was found adherent to the fundus uteri, though external to the soft parts of the mother. The pains continued vigorous, and soon the uterus became completely inverted, with placenta attached. This was quickly detached by peeling it off with the finger. The patient was on her back, with hips elevated and knees flexed. Ether was administered to slacken the force of the pains. Gentle but forcible pressure was persistently made on the fundus, which soon carried up the organ to its normal position. No further trouble followed, and the patient did well.

Rupture of the Uterus. — This fatal accident has occurred once only in my experience, and that many years ago. The patient, a poor Irishwoman, the mother of several children, had natural labor, and was progressing favorably. As the fœtal head descended the pains became intensely strong and persistent, but with little or no advance. I ran home, a short distance, for my forceps. Returning in a few minutes, I found the patient in a state of collapse, cold and almost pulseless. On passing the hand up a large circular rent was detected, half surrounding the cervix uteri. The fœtal head and body had receded beyond touch. Soon the poor patient expired, affording no opportunity for the liberation of the child.

After-Treatment. — Having concluded my remarks on individual cases, I desire to allude briefly to a few items on the after-treatment. Ovariotomists assert that the success of their operations is largely dependent on the rigid observance, by the operator, of the numerous precautions and minutiæ pertaining to his work, and subsequently the most careful and vigilant nursing. So the successful obstetrician depends greatly upon the scrupulous performance of little duties. Unless the nurse be competent and reliable, I always make it a point to look after the baby's cord. Imperfect tying and dressing the same may result in hæmorrhage, and is an occasional cause of death.

As to the mother's bandage or swathe, I usually apply it myself after delivery, and it affords grateful support to the uterus and abdominal walls, and also is an efficient guard against hæmorrhage and falling of the womb, and tends to preserve the good figure of the mother.

On the third day a dose of castor-oil is the old rule, but frequently omitted, and sometimes ridiculed, especially by those homœopathically inclined; but nevertheless it is good practice, and deserving of a good name. I generally prescribe it in lemon juice or other agreeable vehicle. After the bowels have been crowded and pressed upon for six months or more, it is reasonable to suppose that their contents have been very partially evacuated. The thorough action of this gentle cathartic affords more satisfactory relief than any number of enemata.

Imperfections of Infants. Cyanosis. — Two cases of cyanosis or "blue babies" are tabulated, in which the surface of the body is colored blue. This condition is produced by the existence of a direct communication between the right and left sides of the heart, or patency of the foramen ovale. The children died in two or three days.

Purpura Hæmorrhagica. — This affection appeared in two instances, in one two days from birth, with petechiæ on the chest and upper and lower extremities, followed by bleeding from the mucous surfaces of the gums, mouth, and bowels. Medication was unavailing, and soon the little sufferers passed away.

Spina Bifida. — One case is noted of imperfect development of the spinous processes of the lower lumbar vertebræ, from which protruded a globular tumor the size of a hen's egg. The infant nursed well. Strapping and a variety of applications were employed, but in vain; in three weeks the child died.

Two other cases are recalled, children of the same German mother. The first lived two or three months. In the last confinement a midwife was employed, and as the fœtal hips passed under the arch of the pubes the large vascular tumor burst, and the child was literally deluged with blood when I arrived; the infant gasped and died.

Imperforate Ani. — Three cases are noted, and two others of earlier date are recalled. In no case could the bowel be felt through the anus, or sensibly projecting; the anal depression was one inch in depth. The first two cases were children of the same mother, about two years apart. By advice of a consulting surgeon the first was not operated upon, and the second, precisely like the first, was allowed to take a natural course; the pains were allayed by opiates and ether. Both died after a week's torture. In the third case, similar to those related, an operation was performed, giving vent to meconium and affording temporary relief, but followed in a few days by fatal inflammation. The fourth case was a child of a mother whose first baby, five years before, died from a similar affection, in the country, after operation. The fifth case was a female child, with slight discharge of meconium through the urethra. A trocar passed up the rectum was followed by a discharge of meconium and slight relief, but succeeded by inflammation, fatal in a few days. Perhaps the death of these children could not be regretted, for if saved by an operation their lives would have been tormented and miserable.

Exstrophy of Bladder. — Many years ago Mrs. P., a Danish woman, under my care, gave birth to a child with malformation of the genitals and exstrophy of the bladder. The sexual organs were those of a male, but imperfectly formed. The front of the bladder was wanting, and the orifices of the ureters could be plainly seen dripping with water. Dr. Channing was invited to see the case, and other physicians. The appearances were precisely like those of Joseph Hayden, with which all gentlemen present are familiar. At my suggestion, a few years since, Hayden, who felt much sympathy for this sufferer, looked him up in East Boston, and procured an apparatus for the retention of his urine, similar to that used by himself. Subsequently he was operated upon at the Massachusetts General Hospital, I was informed, but with what results I am ignorant.

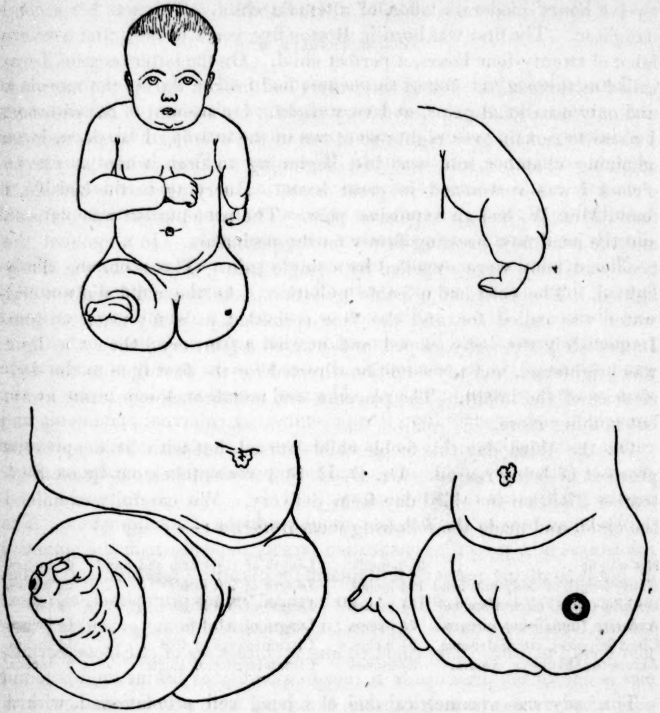
Intra-Uterine Amputation. — Mrs. W., a healthy lady of Scotch descent, and living out of town, was delivered September 24, 1871, after twelve hours' moderate labor, of a female child. This was her second daughter. The first was born in Boston five years before, after a severe labor of twenty-four hours, a perfect child. On the latter occasion I was called at three P. M.; found the waters had broken during the morning, and only occasional pains, and very slight. On account of the distance, I chose to remain over night; so at ten in the evening I lay down in an adjoining chamber, and was just beginning to doze, when at eleven o'clock I was summoned in great haste. Hurrying to the bedside, I found Mrs. W. had an expulsive pain. The presentation was natural, and the head now pressing firmly on the perinæum. In a moment the head and body were expelled by a single pain. The room was dimly lighted. The cord had a feeble pulsation. As the child did not cry, water was called for, and the face sprinkled, as is my usual custom. Immediately the baby gasped and uttered a faint cry; then the light was brightened, and my attention directed for the first time to the deficiencies of the infant. The placenta and membranes soon came away, but nothing more.

On the third day this feeble child nursed, but with little apparent prospect of being reared. Dr. D. H. Storer was taken out by me September 27th, on the third day from delivery. We carefully examined the child, and made the following measurements: —

Net weight	3½ pounds.	Length of right arm and hand	6 inches.
Entire length of body and head	11½ inches.	Length of left arm . .	2½ inches.
Occipito-frontal circumference	11½ inches.	Length of left finger . .	½ inch.
Abdomen (umbilicus), circum.	9½ inches.	Length of left foot . .	1½ inches.
Chest (nipples), circumference	9½ inches.	Circumference of foot . .	1¼ inches.
Across the shoulders, circum.	3½ inches.	Circumference of thigh .	2 inches.

The body was symmetrical and the head well proportioned, with a narrowness across the sacrum. The left fore-arm was wanting, but the humerus perfect, terminating in one finger on the inner condyle. The right leg was composed of a crooked femur only, three inches long, terminating in a foot regularly formed, with a great toe and two other toes; that next the great toe and the little one are wanting. The genitals were normal, and the internal viscera performed their functions regularly. The imperfect limbs appeared like stumps from skillful amputations, finely healed and well rounded. On the fourth week an umbilical hernia occurred, from straining, the size of a shellbark. This was controlled by compress and bandage, and soon disappeared.

Instead of failing, as we anticipated, the little infant continued to thrive, as the breast milk was abundant, and increased in weight, improving also in features and beauty. When four months old she was successfully vaccinated. At nine months of age Dr. Henry P. Quincy visited the child with me, and made drawings and took the following measurements: —



Net weight	13½ pounds.	Left arm and finger . .	5½ inches.
Length of body and head (sitting)	14¾ inches.	Foot and toe . . .	2½ inches.
Occipito-frontal circumference	17 inches.	Thigh, circumference .	11 inches.
Abdomen (umbilicus), circum.	17¼ inches.	Thigh, length . . .	5 inches.
Across shoulders . .	7½ inches.	Foot, circumference . .	4 inches.
Right arm and hand . .	9 inches.	Single finger, length . .	1⅛ inches.

The family crossed the Atlantic last summer (1878) with the two children, and the little cripple was perfectly well while absent in Scotland, and returned in good health. She is now eight years of age, a beautiful girl, of lovely disposition, and remarkably agile for her condition, and can easily get around over the house and up and down stairs. A wonderful prodigy! — the pride of her parents and the light of their home.

CROUPOUS PNEUMONIA AND ITS RELATION TO PULMONARY PHTHISIS.

BY J. H. TYNDALE, M. D.

THE pathology of croupous pneumonia in all of its three stages is at the present day one of the best understood chapters of inflammatory conditions. Two points, however, remain essentially unsolved, so far as general acceptance is concerned. These are: First, is croupous pneumonia an acute infectious disease, occurring as it does endemically on both hemispheres? Second, can or does croupous pneumonia ever lead directly or indirectly to pulmonary consumption?

The exudations in acute inflammatory processes are, broadly speaking, of three kinds: serous (with albumen), mucous (muco-purulent), and fibrinous. Serous infiltration or œdema is a condition which most frequently proves fatal in connection with acute infections or with organic disease. In its relation to consumption it is only of importance as a secondary manifestation. Mucous secretion takes place in the bronchioli and bronchi, and is represented by catarrhal pneumonia and capillary bronchitis. Fibrinous exudation takes place into the alveolar pouches (air cells) of the lung, and its representative is croupous pneumonia. This tells the whole story.

We come now to another fact about products of inflammation. The robustness of a person's constitution largely depends upon the quantity of granular living matter (protoplasm) within his organism, and its behavior. By "living matter" I understand living protoplasm, the most minute form of which we are thus far cognizant of being granules, granular living matter. The rapid coiling up into rows of red blood corpuscles is due to the presence of a certain quantity of fibrine, and is found only in persons who are capable of having active inflammations with fibrinous exudation. On the other hand, there are persons in whose blood the presence of comparatively numerous colorless blood corpuscles, the ready shrinkage of the red blood corpuscles, and their comparative sluggishness and imperfection in forming rows indicate less granular living matter everywhere and less fibrine. We have a person who in the course of an inflammatory process is not able to produce the usual products. Serous infiltration from venous stagnation and the formation of indifferent, inflammatory elements, which at best lead to the slow development of imperfect connective tissue, are the products of inflammation.

Let us apply these facts to pneumonia, where they will be found to explain all forms of inflammation of the lung in a simple manner. But I shall have to leave the consideration of this for a future article. In connection with croupous pneumonia, I will merely add that the true pathology being duly recognized, the theory of its being an infectious disease is not strengthened.

Thus much being premised, let me draw attention to the course of croupous pneumonia, and its relation to pulmonary phthisis. We know that croupous pneumonia affects the alveolar pouches, and, secondarily, the bronchioli, in the course of which an exudation, rich in fibrine, is poured out upon the surface of the mucous membrane, and there coagulates; that it never runs a chronic course, in the ordinary sense of the word; that in addition to an abundance of fibrine, transudation of serum from the blood-vessels takes place, as in catarrhal pneumonia; that the whole process is superficial, fibrine passing over the endothelial layer of the air cells, which single layer is subsequently lost by degeneration from pressure. The picture which I desire to have kept clearly before the mind is the quality and location of the inflammatory products.

In the complete exudation we find, microscopically, an exudation rich in fibrine, mixed with more or less red blood corpuscles upon the surface of the alveoli and bronchioli, inclosing within its meshes the desquamated epithelium (or rather endothelium) of the alveoli and some newly appearing inflammatory corpuscles, formed by swelling of increased granules of the protoplasm. In the tissues below we find, as in all inflammatory conditions, œdematous swelling and serous infiltration.

What now becomes of our products? Resolution, as is well known, is the rule, and the reason thereof is as follows: The lymphatics of the lung are free from pressure, and therefore active. Their first act is the absorption of the serous infiltration below the poured-out exudation. We merely notice the intermediate changes of discoloration, usually denominated red hepatization, which are due to the usual changes in the hæmation of the red blood corpuscles, a fact announced by me two years ago, and which any one can observe in the various stages of discoloration of a "black eye." The secretion of material having fully ceased, the covered endothelium of the alveoli at once resumes activity. In the case of this single layer of flat endothelium, pressed upon as it is by the exudation, degeneration takes place. The granules swell, become well marked, and the polyhedral bodies, as such, disappear. It is now pretty well established that these granules by swelling become converted into what we call "inflammatory corpuscles," or, in other words, that the inflammatory elements are swollen granules of the former protoplasm. By this active regenerative process the now inactive fibrinous props are detached, and raised from the alveolar walls. Not so in the bronchi. Here the ciliated epithelium undergoes what is falsely known as "mucous degeneration," and I think this change can be explained in a most striking manner. Some years ago, Schwalbe, in experimenting upon dogs by starving them, found within the epithelium of the salivary glands numerous bodies corresponding to mucous corpuscles, which evidently should have been previously expelled by the protoplasm. This he correctly attributed to the stagnation from non-use, inasmuch as the dogs had no occasion to chew. Let us transfer this picture to the superficial layer of the bronchial epithelium, covered as it is at the time with exudation. At first there is great activity in secreting mucus, until the mass of fibrinous exudation by pressure puts an end to it, while mucous corpuscles in large quantity must still be present within the protoplasm. Hence the finding of crowded mucous corpuscles within the superficial layer of bronchial epithelium, together with granules made visible by swelling. This swelling of the living matter (granules) alone can be spoken of as a degeneration, though in reality a regeneration, since the epithelial formation, as such, is lost; however, we call it a degeneration. The mucous corpuscles found here are retained secretion within the protoplasm, and nothing else.

We return to our products of inflammation. Active regeneration of ciliated epithelium in the bronchi and bronchioli makes expectoration possible by vibratory motion and the contractility of the bronchial walls with their longitudinal, transverse, and oblique fibres, which is slowly regained. The alveolar portion of the exudation is not expectorated. Of this fact I have become well satisfied, since coming to look upon the alveolar pouches with their flat endothelium as belonging to the lymphatic and vascular systems of endothelial formations. Flat epithelium or endothelium is made for absorption, and is represented in the alveoli by a single layer for the ready transmission of gases. In the alveoli the exudation undergoes fatty degeneration, which may be brought about by the now possible contact of the atmospheric air with the exudation. This, however, is entirely hypothetical. Certain it is that the fattily degenerated exudation is reabsorbed. At this stage of croupous pneumonia the lymphatics are quite free and intact. It is only in cases of changes in the connective tissue, secondary to inflammatory conditions leading to cirrhosis, that the lymphatics are not able to absorb readily.

Thus much for resolution. In the opposite direction we have death from purulent infiltration (gray hepatization of the olden times) and the possibility of gangrene. Neither of these conditions exists within the exudation, for an exudation has no blood-vessels, and for inflammatory processes blood-vessels are requisite. Both purulent infiltration and gangrene run their course in the connective tissue primarily. Remember that during the course of croupous pneumonia the subalveolar and subbronchial connective tissue is serously infiltrated (œdematous), and inflammatory corpuscles of course are formed; also that it requires a person with plenty of living matter to have croupous pneumonia. Now, where there is an abundance of living matter, there likewise the possibility for the formation of pus exists. Gangrene is oftenest caused by multiple thromboses in the bronchial vessels, which should carry on the nutrition of the lung at this critical period. But as they themselves are impeded by the presence of an uncommon proportion of fibrine within their calibres and those of their anastomoses with the pulmonary vessels, plugs readily form in the stagnant and slowly moving circulation of these parts. In the rare cases of demarcation, granulation, and casting off of the mortified portion we have before us an "acute cavity," so to speak. Should healing of the cavity take place (which is possible in those of the smallest size only), we should find here the first example of secondary changes in the lung, namely, shrinkage of connective tissue, local cirrhosis. These changes are secondary to a fully absorbed croupous pneumonia.

The second form in which cirrhosis may supervene is in the course of the disease, strictly speaking, but likewise after resolution has taken place. The factors upon which this occurrence depends are: (1.) The continuance of the exudation itself as a passive agent, it remaining *in situ* for more than a limited period. (2.) No increase in the œdematous infiltration of the connective tissue below, but partial regenerative activity, which, as von Buhl has shown, is still possible, even in the stage of beginning gray hepatization. (3.) Great debility of the patient, caused by the loss of a large quantity of material. The previously blooming person, whose full condition permitted of his having croupous pneumonia, has now changed into one of lessened powers of resistance, with less living and formative matter. Here the conditions for the proliferation of connective tissue or the development of the condition described as "desquamative pneumonia" are given. All this, remember, is independent of any active participation of the croupous exudation.

So here we arrive at a legitimate conclusion: *In croupous pneumonia no cheesy degeneration (water abstraction and shrinkage) of the fibrinous exudation occurs. Serous infiltration of the connective tissue below may lead to subsequent hyperplasia of connective tissue, partial cirrhosis, provided the fibrinous exudation remains after a prescribed period, and the patient's powers of resistance are thereby lessened.*

In addition to the above observations, I will mention von Buhl's conviction that cheesy pneumonia cannot result from croupous inflammation, a fact first announced by him in his work on Lung Inflammations, Tuberculosis, and Consumption.

A few words with regard to the pleura. It, too, participates frequently in the fibrinous exudative process, as we know. But reabsorption, unfortunately, does not always keep pace with that in the lungs. Still the net-work of lymphatics is very extensive, — so extensive that some observers have called the pleura a huge lymph sac. The same cirrhotic process is possible and does occur in the subpleural connective tissue, as in the lung. Retraction of the thoracic walls, with pressure upon the surface of the lung, is then often the first step to so-called "fibrous phthisis."

Colorado Sanitarium for Consumptives, Manitou, Colo.

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RECENT PROGRESS IN OTOLOGY.

BY J. ORNE GREEN, M. D.

One of the most original and thoughtful works which has appeared for a long time is a little book by Dr. Woakes, of London, entitled Deafness, Giddiness, and Noises in the Head, an elaboration of several articles which have recently been published in medical journals. In it he calls attention to the influence of the vaso-motor nervous system upon the circulation of the labyrinth and middle ear, but more especially, and in a new way, he shows the connections and relations of the sympathetic nerve with other nerves and with various regions of the body, by which regions widely separated are brought into mutual nutritive correlation with each other. This vaso-motor dependence of one region upon an entirely different region, or rather reflex relationship of the two regions, he explains by the connections of the afferent and efferent fibres of the sympathetic.

Almost all the sensori-motor nerves contain in their sheaths vaso-motor fibres running from the tissues to the vaso-motor centre and afferent in their function, conveying impressions from the tissues to the ganglia or general vaso-motor centre. Some of these fibres are continually leaving the sheath of the nerve to enter ganglia of the sympathetic, where they communicate with the ganglionic caudate cells, thus bringing them into connection with other nerves entering the same ganglia from other directions. The efferent fibres follow a similar course from the general centre downwards along the anterior columns of the cord, giving off fibres to the sympathetic ganglia, which fibres after mingling with the ganglionic caudate cells pass to the coats of the arteries and regulate the calibre of those vessels.

The sympathetic ganglia Woakes regards as sub-centres not only capable of receiving and transmitting impressions independently of the general centre, but also forming of "correlating organs" through which afferent tissue impressions from one region are reflexly referred to a totally different region, "the afferent impressions being manifested through their medium as efferent impulses in the area to which they are thus reflected." The ganglia of the fifth and other cranial nerves are regarded also as sympathetic ganglia capable of similarly deflecting impressions. A vaso-motor impression from any region will declare itself by a dilatation of the vessels of that region to which the impulse is communicated, and it is stated that this dilatation or relaxation in arteries may allow from ten to twenty times as much blood to pass as when the vessel is in equilibrium. As the result of such dilatation continued for some time we may have trophic changes in the tissues to which this blood is distributed.

These general principles of possible reflex interdependence of distinct regions through these connections of the vaso-motor system are applied by Woakes to a number of diseases of the ear in a most ingenious and, in some cases, convincing manner. The very common inflammation of the tympanum occurring in children during teething he thinks is often due to such a cause: a part of the blood supply of the drum membrane is derived from a small artery arising from the internal carotid, whose vaso-motor nerves, the carotid plexus, come chiefly from the otic ganglion; fibres from the otic ganglion connect with the inferior maxillary. The irritation of the swollen gums sets up an afferent impulse, which, reaching the otic ganglion, is deflected as an efferent impulse to the carotid plexus presiding over the tympanal artery; as the result of this efferent impulse the blood-vessels are distended, exudation takes place in the tissues, the sensory nerves are pressed upon, and pain follows. The irritation being continued, suppuration occurs, and otorrhœa is established.

The well-known ear-cough is considered as due to vascular distention in the larynx produced by a reflex implication of the vaso-motor nerves. The course by which this reflex irritation is produced from the external auditory meatus, although less direct than in the preceding disease, can still be followed on the principles which Woakes has laid down, although it seems a much less satisfactory explanation than in some of the other instances he adduces. His explanation is that the vaso-motor fibres associated with the auricular branch of the vagus conduct their impression to the ganglion of the vagus, and thence through a sympathetic fasciculus to the cervical ganglion which furnishes the nervi molles to the arterial supply of the larynx, the external carotid artery and its branches; from this nervous impression thus communicated vascular distention results, which, when long continued, may cause actual trophic changes in the tissue. This vascular distention, with its accompanying sensory irritation, Woakes considers the cause of the ear-cough. The previously accepted explanation has been that, the auricular nerve of the meatus being irritated, the impulse was reflected through another branch of the pneumogastric, the superior laryngeal, which, causing spasmodic contraction of the crico-thyroid muscle, produced the cough, and the tissue changes which have been found to result in some few chronic cases were thought to be due to the violence to which the parts were subjected by the continued cough. To this

Woakes objects that the reflex manifestation from irritation of a sensory nerve is pain, and not muscular contraction, and he assumes that as there are no muscles in the meatus there are therefore no motor fibres in this auricular nerve, and the irritation of the sensory fibres alone could not produce the muscular spasm of the larynx. A reversed course of irritation occurs, Woakes considers, in those cases of pain in the ear associated with disease of the larynx, which have been noticed by Gerhardt and others; the inflammation of the larynx involves the superior laryngeal nerve, the vaso-motor elements of which convey waves of irritation to the superior cervical ganglion, where they are deflected to the nervi molles of the middle meningeal artery, which helps nourish the middle ear, and the result is pain and congestion in the "correlated region." A strong argument against his theory in these later cases is, however, the fact that in cases of ulcerative destruction of the epiglottis, as also in cancer of the larynx, where pain in the ear is often the most distressing symptom, inspection, at least in very many cases, shows no tympanic congestion whatever, and there are no tissue changes. The more simple explanation that irritation of one branch — the superior laryngeal — of the vagus produces reflex pain in another branch — the auricular — of the same nerve seems to be sufficiently satisfactory.

The most interesting and instructive application of these studies on the vaso-motor relations of the blood-vessels is in regard to giddiness. Experimental physiology and pathology have of late years pointed more and more strongly to the labyrinth, particularly the semicircular canals, as the organ which presides over the equilibrium of the body, or at least as the organ which is affected when the disturbance of equilibrium known as giddiness occurs. At the same time it was an undoubted fact that giddiness was noticed in many diseases of organs so remote from the labyrinth that the connection with that part could not be made out. It has remained for Woakes to show how this is possible.

The vascular supply of the labyrinth is derived from the vertebral artery; in close proximity to this, at the point of origin from the subclavian, is the inferior cervical ganglion of the sympathetic, which gives a rich plexus of nerves to the artery, with numerous branches to the brachial plexus. This same ganglion furnishes the chief inhibitory nerve of the heart, the inferior cardiac nerve. The peculiarity recorded by Drs. Moorhouse, Mitchell, and Keen that wounds of any branches of the brachial plexus caused the subject to fall to the ground without losing consciousness is considered due to the vaso-motor connections through this ganglion, the afferent impulse being reflected to the vertebral artery, which thus caused dilatation of the vessels of the labyrinth, pressure upon the endolymph, and resulting giddiness.

A fasciculus of the pneumogastric nerve is given off to this same lower cervical ganglion, and as the course of vaso-motor nerves which are associated with cerebro-spinal nerves is always opposite to that of the cerebro-spinal nerves, this fasciculus must convey impressions from the stomach to the ganglion. In the ganglion the impulse is deflected to the inhibitory nerves of the vertebral artery, and labyrinthine vertigo results, as in the previous case, from dilatation of the blood-vessels and pressure upon the endolymph.

Other instances are given of this correlation in the cases of shoulder-tip pain associated with indigestion and derangements of the liver, in cases of hiccough and of occipital headache, which it would be foreign to this report to notice here, but which are worthy of further study.

"It is to be noticed that the labyrinth is placed at the extreme periphery of the tract supplied by the vertebral artery; it will therefore be the first to appreciate the consequences of the wave of suspended inhibition communicated to it from the ganglion. The phenomena it occasions under these circumstances are of such a marked character that they cannot fail of attracting the patient's notice; whether the impression originates in the heart, the upper extremities, or the digestive organs, the first note of warning is thus usually struck in the labyrinth."

In regard to noises in the head, Woakes is less satisfactory than in any of the other subjects which he treats. He attempts to show that all of the so-called subjective noises are in reality objective, but so weak in intensity that they cannot be perceived objectively; that is, that for every noise experienced by the patient there exists a definite objective cause. Any minute criticism of the subject here would, however, be out of place, and it is only to be hoped that further studies in the same or other directions may confirm his observations.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. W. SWAN, M. D., SECRETARY.

JANUARY 11, 1879. *Case of Placenta Prævia under Somewhat Extraordinary Circumstances.* — DR. DRAPER read the case: —

A young unmarried woman, finding herself pregnant (her own uncle, over seventy years of age, being the father of her child, according to her allegation), applied by letter to an irregular practitioner to give her something to restore her catamenia; she was then about three months pregnant (September 12th). The "doctor" assured her of the danger of any such undertaking, and advised her to await her full term, when, if she would come to Boston, she would be provided by him with quarters and attendance, and her child looked after. She petitioned him again by letter to send her some medicine; he so far yielded as to send her some tincture of cotton-root, with directions to take teaspoonful doses. This, by her own account, produced no effect whatever. Her pregnancy went forward in spite of the most energetic measures on her own part to shorten it; she abused herself in many ways, taking drugs and violent exercise, and resorting to everything of which she heard, except the use of instrumental means. In October (four months) she had a very slight hæmorrhage. She concealed her pregnancy by lacing.

On Sunday, December 15th, just before going to bed, she took a tablespoonful of oil of tansy; it made her very sick and faint. Next day she tried to assist in the weekly washing, but fainted in the course of the work. Her aunt, with whom she lived, now made a formal expression of her suspicions, and the girl acknowledged the charge. On Tuesday, December 17th, she began to flow. She was now six and a half months pregnant. On Thursday, December 19th, she rode from her home in New Hampshire, near Lake Winnipiseogee, to Boston in the cars; she was still flowing moderately, and was under the impression that she would miscarry, as the effect of all that she had done. The doctor took her to his house, arranging to see her through her troubles in consideration of twenty dollars paid in advance as partial recompense. There was more or less flowing during the four following days, till, on Tuesday, December 24th, the flow of blood was considerably increased. There had been pain in the loins previously during the hæmorrhage, but on this evening, at seven o'clock, regular labor pains set in. In the course of the evening the attendant "doctor" examined his patient for the first time, and found the os uteri opening well, with the *placenta presenting*, and the head of the child behind it. He endeavored to push the placenta above the head, and having partially succeeded awaited events alone. At four A. M. the woman expelled a still-born female child, 40.6 cm. (sixteen inches) long, and weighing 1.36 kilog. (three pounds). The flowing stopped in great degree at this point, but the uterus failed to act, and the placenta was retained, so that the "doctor" removed it forcibly from the wall of the womb and delivered it.

The patient was exceedingly weak, and began to show signs of exhaustion, faintness, giddiness, sighing, dim vision, restlessness. The "doctor" applied stimulants without effect. Seeing the desperate nature of the case, he became alarmed, and left the girl in the care of his wife while he went after medical help for consultation. Just as he returned the woman died. He asserted most emphatically that he had done nothing whatever except the sending of the cotton-root to induce a premature labor, and that he had uniformly counseled the woman to await her full term. He signed the certificate of the causes of death, giving "childbirth" as the cause. There was no apparent disposition to conceal the facts in the case, and the letters from the girl to him exhibited evidence in confirmation of his statements.

Autopsy three days after death. Moderate post-mortem rigidity. The body presented an extraordinary pallor, a marble-like whiteness; there was no lividity of the dependent parts; the lips were colorless. The mammæ were large and contained colostrum. The vagina was relaxed, its rugæ obliterated; there was no hymen; the labia were large; clotted blood escaped from the vagina in considerable quantity during the digital examination.

Internal examination found no evidence of disease in the brain, thoracic or abdominal viscera, but all these organs and tissues were anæmic to the last degree. The stomach contained a little liquid having the appearance and odor of gruel; the walls of the stomach were healthy except as regards their pallor. The spleen was enlarged to twice its usual size, but without any appearance of disease otherwise.

The uterus lay in the pelvic cavity, like a large bladder; its walls were collapsed and relaxed. On removal with the adjacent organs (bladder, rectum, ovaries), it presented the following appearances: From os to fundus (outside measurement) its length was 20.3 cm. (eight inches), and its breadth at the fundus was 12.7 cm. (five inches); its weight (with the ovaries) was 638 grams (22.5 ounces). Its walls were pale on section, and varied in thickness from 20 mm. (three fourths inch) at the fundus to 4 mm. (one eighth inch) at the cervix. The uterine sinuses were well marked; no sign of inflammation in any part. The os uteri was widely patulous, admitting four fingers; around its margin the mucous membrane was thrown into proliferations or excrescences like large herpetic formations; the mucous lining of the cervix was bruised, but presented no actual laceration. The cervix was much shortened. The cavity of the womb contained a small amount of clotted blood lying free on its mucous lining. The placental site was on the left side, its lower margin approaching within two inches of the os uteri; it showed an irregularly roughened or lacerated surface, there being only a few spots of limited area over which the placental tissue had been wholly detached from the uterine wall. The inferior segment was ecchymosed, and the sinuses here were especially distended with blood. The low (cervical) attachment and forcible delivery of the placenta were evident, and were recognized without knowledge of the circumstances of the labor itself.

The left ovary contained a corpus luteum of the size of a large pea; its wall, of pale yellow color, was thickened and convoluted, so as to have obliterated the central cavity. The right ovary was pale and shriveled, and its section showed numerous old follicular cicatrices without any corpus luteum.

Dr. Chadwick doubted the propriety of calling the case one of placenta prævia, since no part of the placenta covered the internal os. He did not believe that such an implantation of the placenta as this would be likely to give rise to hæmorrhage previous to or during labor. — Dr. Draper replied that, although the placenta in this case was not situated *over* the os uteri, so as to present in front of the head or other presenting part of the fœtus, thus constituting it a typical placenta prævia, its lower segment was attached so far down and so near the os uteri that the slightest initial dilatation of the latter could not occur without endangering the integrity of the placental circulation and developing an unavoidable hæmorrhage. He quoted Dr. Robert Barnes to the effect that a placenta attached over even a small extent of the orificial zone of the uterus (within three inches of the undilated os) must be in the way of such a dilatation as would be sufficient to allow the passage of the head, and hence would probably give rise to hæmorrhage. In the present case the lower attachment was within two inches of the os uteri.

February 8, 1879. *Intra-Uterine Injections.* — Dr. Curtis reported the case. The patient, thirty-two years of age, entered the City Hospital January 6th. The catamenia had been regular until eight weeks before entrance. Two days before admission she was seized with backache, dragging-down pains, and flowing, and on examination she was found to be aborting. The tampon was applied; the placental forceps were subsequently used, and a fetid ovum was delivered. The temperature rose to 100° F. Under these circumstances the uterine cavity was douched with a solution of carbolic acid (one to six hundred; that is, five ounces of a one to sixty solution in three pints of water) of temperature 110° F. The patient's temperature shortly descended to 98.8° F., and remained normal during convalescence. The uterus was washed out but once, as nothing offensive was afterwards noticed; its cavity then measured four and one half inches. There was no pain from the injection. — **Dr. Fifield** stated that a certain number of very unpleasant deaths had occurred since the adoption of this method of treatment, and beside deaths, some very narrow escapes. In the fatal cases the strength of the solution used was very feeble indeed; even a one per cent. solution had been followed by death, according to the authority of some German publications. It would be better, Dr. Fifield thought, for public institutions rather than private individuals to assume the responsibility of this treatment. It is well known how fatal have been the results of the injection of fluids into the uterus, especially the unimpregnated organ, the fatality increasing with the lesser size of the uterine cavity. Dr. Fifield said that he could not deem intra-uterine injections safe, although he could not state in what proportion cases had been fatal, or to what extent untoward results have been due to the agent employed. The gynæcologists, he said, appear to have a wholesome fear of the procedure, and it had been stated by one of them, Dr. Miller, of Dorchester, that the uterine cavity would tolerate solid caustic when at the same time it would reject a few drops of water. — **Dr. Minot** remarked that the liability to danger differed with the disease and the condition of the uterus. If the os uteri were large, so that the fluid could run out as easily as it entered, the risk would be very slight, according to his experience. Almost any one, nowadays, he thought, in cases of septicæmia following parturition, especially if the lochia were fetid, would be anxious to use a solution of carbolic acid or an equivalent injected into the uterine cavity. In illustration he mentioned three cases: the first one he saw in Charlestown, in consultation with Dr. J. G. Dearborn. The patient who had aborted, exhibited very alarming symptoms: great tenderness of the abdomen, a high temperature, an exceedingly rapid pulse. Dr. Minot advised intra-uterine injection of a solution of carbolic acid once in four hours, which was thoroughly done. The temperature fell immediately, and the patient made a rapid recovery. The second case was seen at Allston, with Dr. Giddings. The patient had had a normal labor at term. Twenty-four hours later she had a chill, great pain in the abdomen, which was distended, and high temperature. The same plan as in the preceding case was recommended and adopted. The patient died thirty-six hours later, but there was no reason to suppose that she was the worse for the injections. In the third case inflammatory symptoms came on forty-eight hours after labor. Dr. Minot administered the injections with great care two or three times a day. The improvement was manifest, and the patient recovered. Dr. Minot stated that he always used vaginal injections of carbolic acid after labor if there was any fetor. He had also injected a very weak solution into the bladder, in a case of enlarged prostate with fetid urine, with very happy effect, the injection being repeated a few times, and the fluid allowed to escape immediately.

Retained Placenta after Abortion. — DR. MINOT stated that he had been called to Newburyport three weeks before, in consultation with Drs. Snow and Howe, to see a patient who had aborted three months previously, at about the eighth week, without known cause. Since then she had had frequent and at times profuse uterine hæmorrhage, and was much prostrated. Dr. Howe had detected a growth or tumor in the cavity of the womb, attached near the fundus. The patient being etherized, the womb was depressed and steadied by one hand applied externally, while two fingers of the other were introduced into the os, which was quite patulous, and the tumor was detached and removed. It was about as big as a walnut, and proved, on microscopical examination, to consist of placental tissue. The patient had no further bleeding, and recovered perfectly. Dr. Minot said that this was the fifth or sixth case of the kind that he had seen. The operation was greatly facilitated by etherization, which produced complete relaxation of the abdominal walls, and enabled one hand to grasp the uterus and hold it firmly, while the fingers of the other explored its cavity.

Cases of Missed Labor, So Called. — DR. RICHARDSON reported two cases of so-called "missed labor," and showed the specimens. The first was the case of a multipara, who became pregnant October 20, 1877. She gradually increased in size until the seventh month. From that time no increase in the size of the abdominal tumor was noticed. About the middle of July she had several pains, and made her preparations for the delivery, which she thought was about to take place. The pains gradually died away. The uterine tumor began to decrease in size, and she soon considered that she had not been pregnant. November 12th, while ironing, she was suddenly seized with pains, and the fœtus and placenta were soon expelled. She entered the Lying-In Hospital, and remained during the convalescence. The lochia lasted about six days. The specimen was apparently a fœtus of seven or eight months, and shriveled and wrinkled in appearance. The second case was that of a lady who, when six months pregnant, was startled by the receipt of news of a battle in which her husband had been engaged. From that time there were no fœtal movements felt. At the end of the nine months there were symptoms of labor, which, however, soon passed off. The history of the next eight years was one of supposed menorrhagia. The hæmorrhages occurred at intervals of varying length. She was finally obliged to take to her bed, and the physicians expressed but little hope of her ultimate recovery. She finally passed into the hands of a magnetic physician, under whose care she one day, while taking an electric bath, passed a mass of placental tissue, and the next day a fœtus almost completely ossified. From that time her health steadily improved, and she is now well. The specimens were shown. The cases were interesting from their rarity, and as calling attention to the existence of a class of cases which, if overlooked, may give rise at any time to septicæmia, or be the direct cause of frequent and dangerous hæmorrhages.

Epithelial Tumors of the Cervix Uteri. — DR. HOSMER reported the case. Patient in comfortable circumstances, thirty-four years old; married at twenty;

bore a child the next year. Three years later had a miscarriage in the early months, and since that time has not been pregnant. History of menstrual function satisfactory. Sought medical advice on account of a purulent leucorrhœa, which had existed for several months, and was steadily increasing, the discharge at times being quite offensive. The general condition was one of some depression, with slight loss of flesh and an exaggerated nervous susceptibility. Upon examination the finger detected two ovoid bodies protruding from the os. Their surface was smooth and regular, their substance quite firm, and without special sensibility. Through the speculum they appeared as two rather dark-red masses, in close contact, and well filling a circular area which had a diameter of three centimetres. Removal by excision was performed at once. The insertion of a pedicle upon the anterior wall of the cervix having been ascertained, one polypoid mass was seized with the forceps, and its attachment within the cervical canal was divided with scissors. It was found that one cut with the latter had released both tumors, the two having a common neck. The loss of the blood which they had contained changed them in size, shape, and color. The distance from the point at which the pedicle was divided, to the extremity of the longer portion was forty mm., to that of the shorter one thirty-five mm., and twelve mm. to the bifurcation which separated the two. The hæmorrhage, which was rather free was easily controlled by a plug of cotton. The position of the uterus was that of retroversion. Two months after the operation, the os and cervix were found to be perfectly healthy; menstruation had continued normally, and the leucorrhœa had ceased. The specimen was submitted to Dr. E. G. Cutler, who reports, "After a careful examination, I have no question that the growth you sent, and which was removed from the uterus, was epithelioma."

ST. LOUIS OBSTETRICAL SOCIETY.

THURSDAY, November 20th, the society held its annual meeting for the election of officers, which resulted as follows: president, L. Ch. Boislinière, M. D.; vice-president, G. M. B. Maughs, M. D.; recording secretary, Gratz Moses, M. D.; corresponding secretary, W. Coles, M. D.; treasurer, W. Hudson Ford, M. D.

Puerperal Fever. — After the election of officers, Dr. Maughs read a paper upon Puerperal Fever. He gave the history of the disease from the time of Hippocrates, quoting the record of a case written by him, showing that the father of medicine was familiar with it, and that it presented itself with the same symptoms then as now. From his time till about a hundred and forty years ago, it seems not to have been discriminated from other fevers. The first mention of it as an epidemic is in the records of Hotel Dieu in 1746, and within the memory of many of us its contagiousness has been a matter of dispute. The position taken by some that any fever in a puerperal woman is puerperal fever the doctor rejected, as altogether too broad; on the other hand, that it is a septicæmia, resulting from the absorption of septic matter, he regarded as only a part of the truth; nor did he agree with Fordyce Barker that it is an essential fever. He considered puerperal fever as a distinct disease, arising from a variety of causes, but all requiring the puerperal condition, namely, a hydræmic, necrobiotic, almost putrescent condition of the blood. As causes, he spoke of, first, septic causes, either heterogenetic, where the poison was brought from some outside sources, as a case of puerperal fever, erysipelas, or a cadaver, or autogenetic, where the poison originated in the parturient canal of the patient; second, traumatism, as rough or careless manipulation; third, exposure to cold, as the application of ice to the abdomen to arrest post-partum hæmorrhage; fourth, mental condition, as anxiety in cases of seduction, and perhaps some other causes.

In regard to the therapeutics of the disease, he thought our attention should be chiefly directed to prevention, and for this end one of the most efficacious means was vaginal injections of a solution of carbolic acid in glycerine and water. In the treatment of the disease he spoke of local treatment first; for this he used the solution of carbolic acid more frequently, injecting it not only into the vagina, but also into the uterus. With this he combined systemic treatment by quinine, muriated tincture of iron, tincture of veratrum viride (Norwood's), and where there was pain opium as it might be indicated, but he did not seem to regard it as the sheet anchor in combating this disease, as some writers do. He gave the histories of a number of cases which had occurred in his own practice, or had come under his observation, and stated that he had noticed a frequent association of puerperal fever with the exanthemata, especially erysipelas. The paper was extremely interesting, and will be brought up for discussion at the next meeting of the obstetrical society, December 18, 1879.

GOODELL'S LESSONS IN GYNÆCOLOGY.[1]

The rapidity with which works on gynæcological subjects have appeared during the past two years shows the increased interest in this branch of medical science. We had thought the demand fully met; but the volume before us, from the pen of one high in authority, is an invaluable addition to gynæcological literature. As its title indicates, it consists of a series of lessons given in the form of clinics, in a clear and vigorous style which is full of the personal power of the author. The cases are presented with unusual vividness, and the book is not only instructive, but exceedingly pleasing.

It is no purpose of Dr. Goodell to cover the whole ground of gynæcology, as is usually attempted in our text-books, but he confines himself to a few important subjects in the department. Lesson VI. contains the fullest description of lacerations of the perinæum that we remember to have read anywhere. In Lesson XII. the author describes most clearly the action of the closed lever pessary, any definite account of which is wanting in our works on gynæcology. We are therefore exceedingly glad to find it well given here, as also the means for placing the pessary. We suppose nearly every gynæcologist has discovered from experience some method facilitating its introduction. For our own part we have found it much more readily placed by using the Sims speculum, the patient in the semi-prone position. Lesson XVI., on Lacerations of the

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[1] *Lessons in Gynæcology.* By WILLIAM GOODELL, A. M., M. D. Philadelphia: D. G. Brinton. 1879. 8vo, pp. 380.

Cervix Uteri, is exceedingly valuable, and is by far the most complete digest of the subject which has appeared. Taking up the causes of this injury, the writer shows how the accoucheur may be directly responsible for it by trying to make haste in the early rupture of the membranes, or by resorting to the forceps before the os uteri has become dilatable, or even by attempting to push up the thinned-out cervix over the presenting part. We are glad to see that a careful examination of his puerperal patient, not only immediately after labor, but just before giving up his attendance, is forcibly laid down as the duty of the obstetrician, in order that if a rent exist it may be discovered.

In Lesson XIX., on Polypus of the Womb, the author, in giving the usually advised methods of operating with the écraseur, describes procedures that seem to us less desirable and certainly longer and more perplexing than the simple application of traction with the vulsellum forceps and the direct cutting of the attachment of the pedicle with the scissors, which, if the point of attachment be in sight, is most readily done; if, on the other hand, it be concealed, these instruments can be guided to it by the finger. We have never seen any hæmorrhage occur when the polypus has been severed in this way. A secondary bleeding might take place, we are aware, and against this it is best always to guard by applying the tampon.

The lessons are universally good. If, however, we were to express any preference, it would be for No. XXVI., on Nerve Tire and Womb Ills, in which the author so well considers the relation of neurasthenia to diseases of the womb. It is our firm opinion that if this subject, here so forcibly presented, could receive the careful study of practitioners generally, many of their patients would be spared submission to extremes of practice, either local or constitutional; and such physicians would find in the rest, seclusion, massage, electricity, and feeding recommended a means of relief to a large class of cases among the most difficult they are called upon to treat.

We cannot altogether agree with the writer when he says on puerperal convalescence, in Lesson XXVII., that "there can be no sound reason why a woman should not sit up in bed or even slip into a chair whenever she feels so disposed." From this and other phrases we get the impression that he would favor a more speedy getting up after labor than is ordinarily adopted. Again quoting: "The lochia must be watched. If, in the third week after delivery, they still linger on, the inference may safely be drawn either that the cervix is the seat of unhealed laceration, or that the process of involution is interrupted." Now, possibly, this speedy getting up may be wise and altogether desirable in a case uncomplicated with such conditions as the above; but when any injury to the parts has been done we feel sure that the sitting up will only tend the more to interfere with the involution necessarily affected by such accident, and if the patient has been allowed to go on until the third week doing as she pleases in regard to position of the body, she has already done herself much harm before the symptoms indicative of the injury have presented themselves. All the remaining topics of this lesson receive our most hearty approval, being corroborated by our own personal experience.

In Lesson XXIX., on the Sexual Relations as Causes of Uterine Disorders, the author shows unusual power in his thorough and admirable treatment of this delicate subject. The facts here brought forward are those whose importance every practitioner must recognize, but which nearly all writers carefully avoid. The high sense of duty in the task undertaken in this volume, not less than the grave importance of the subject, permits our author to avoid nothing, and he has dealt with it most acceptably.

The book is a most valuable one, and should be possessed alike by him who is in any way interested in the subject of which it treats, and by him who desires to have a volume whose style is so pleasing that it becomes one of those in our American medical literature of which we are most proud.

A REVIEW OF THE YEAR.

In looking back at the year which is about to close, we find that it has been by no means barren of events replete with interest to the medical profession, and of value to medical science. The year opened gloomily enough, the whole world being seemingly threatened with one of those waves of disease which happily do not visit us oftener than once in a life-time. There were rumors of a terrible famine in China, while in Southeastern Russia that mediæval disease, the plague, was making its appearance, and threatening to put to the severest test all the theories and improvements of modern sanitary science. Until the trial had been actually made no one could say with certainty that the terrible experiences of the olden time were not again to be repeated. To give color to these apprehensions rumors reached us from an opposite quarter of the globe, Brazil, that famine and pestilence were in full sway there also. It is a matter of no small congratulation that science was equal to the task assigned her, and the world freed from the impending peril. Fortunately for this country, the warning came at the right moment, and our government was forced to its first great step towards the protection of the public health. It was on March 3d that the act creating a national board of health was finally approved, and the country felt itself in a measure prepared for the dangers that returning summer would bring. How well these have been met and the nation protected is still fresh in the minds of us all. It can be well said that this year has been one of the most instructive in the annals of sanitary science.

The care of the insane has been another subject which has received some attention; there has been indeed a good deal of unwise agitation of the public mind, but the profession is also actively seeking to ameliorate the condition of this unfortunate class of the community, and can, we think, be safely intrusted with the task. There has been considerable discussion in England as to the conformation of the body which regulates the practice of medicine in that country; little has been done in this direction in the United States, but it is constantly receiving more attention from practitioners, and we hope soon to present the subject to our readers, giving an account of the present state of license laws in this and other countries.

Among the principal events of the year we may call attention to the large medical gatherings at Cork, at Atlanta, and later at Brussels, which gave evidence of as active an interest on the part of the profession as in former years.

We regret to be obliged to chronicle the loss of many celebrated men during the year. In our own city two of our brightest lights were extinguished; the death of Dr. Jacob Bigelow followed close upon that of Dr. J. B. S. Jackson. In Philadelphia many men have passed away whose names remind us of the prestige she has always maintained in medicine, — the venerable Dr. George B. Wood, Dr. Isaac Hays, whose career as editor of our leading medical periodical has given him a world-wide reputation, Dr. John B. Biddle, and Dr. James Aitken Meigs. New York has lost Dr. James Freeman Bumstead, and the nation Dr. John Maynard Woodworth. In London, Dr. Murchison, Dr. Tilbury Fox, Mr. Maunder, and Mr. Callender, our recent guest, have passed away. France has recorded the deaths of Tardieu, Bazin, and Dévergie. Germany has met with the loss of Neubauer, Trommer, and many others.

It is pleasant to turn from this sad record, and to recall the pleasant gathering at Philadelphia, when the services of our distinguished fellow-countryman, Professor Gross, met with such merited recognition, and to the recent homage paid by his colleagues in literature to Dr. Holmes.

For the year on which we are about to enter we are happy to say that the prospect is as favorable in regard to the health as to the prosperity of the nation.

A NATIONAL HEALTH ORGANIZATION.

We have briefly sketched, in a previous number of the Journal, the work which the National Board of Health has accomplished. The question of a permanent sanitary department for the nation is to be decided by Congress this winter; the National Academy of Sciences has appointed a committee, of whom our distinguished fellow-citizen, Professor Gibbs, is one, to consider and advise upon the matter; the National Board of Trade has also done the same thing, and the present National Board of Health has received such hearty support from sanitarians, railroad companies, steamship lines, and business men generally that its present organization will probably continue without essential change, as it should, especially as its strong friends in the last Congress have become even more convinced of the value and necessity of such a board than they were a year ago. Of course, there are many medical politicians and disappointed office-seekers who wish to have matters different, and not being able to do so take every possible means of placing obstacles in the way.

There are many subjects of great scientific and practical interest to the country at large, which can be investigated thoroughly only by a national board supplied with an abundant appropriation to enable them to employ the best talent in the work; and it is of the greatest importance that such inquiries should go on as rapidly as possible, for sanitary science does not begin to keep up with the rapid advance of the most intelligent people and their demand for better means of protecting health. The yellow fever investigation has been admirably begun by the Havana commission, as any one must acknowledge who has read their report, and it should be continued; but the greatest work of the National Board of Health for many years will probably be in inland and maritime quarantine, in educating the country in general up to understanding the needs of their various sections, and in performing such valuable work as has been lately done in Memphis, namely, furnishing competent and unbiased advice to people who want to do the best thing possible in the way of municipal sanitation.

At the South, the best people are making a heroic struggle to save what they can from the wrecks of their fortunes; the bummers and carpet-baggers have overloaded them with an iniquitous debt, the burdens of which, it is true, in many cases they propose to avoid; many of the business men have gone there only to make all the money they can, and leave without doing any more than they are compelled to for the benefit of the country, and most of the negroes, being deprived of the care of their former masters, have in their ignorance allowed their shanties to become filthy to an extent not known before the war. It is the less to be wondered at, therefore, that in Memphis, for instance, just as in Salem, Lynn, New Bedford, Gloucester, and many other places in our State, there has been a hope to escape from the evils of bad sanitary conditions for a few years more, until the people felt able better to bear the great burden of expense for municipal improvements; for Memphis is not so terribly worse than other places nearer home, as the uninformed might be led to think. Of course, there is no real sanitary organization anywhere in this country except in a very few places; the disastrous interference with travelers and with commerce during the past two summers, by numerous petty "boards of health," amply demonstrated this fact, and also that travelers, merchants, railroad companies, and steamboat lines do not propose to submit to any such nonsense much longer. The judicious management and sensible rules of the National Board of Health fully satisfied all these people as soon as they were put in force; and here alone would be an abundant field for the future of the National Board of Health, even if there were no other reasons for continuing it, as we have shown that there are.

MEDICAL NOTES.

NEW YORK.

— The thirty-second anniversary meeting of the New York Academy of Medicine was held at the Academy's hall on Thursday evening, December 11th, and was very largely attended. The annual address, which was on the subject of The Academy as a Teacher, was written by Dr. Leroy M. Yale, but as the latter was suffering from laryngitis, it was read by Dr. Frederick A. Castle, secretary of the County Medical Society. After congratulating the Academy on its growth since the day when its Fellows met in a room over a coal-yard, and on its present brilliant prospects, the writer spoke for some time on the subject of preparatory medical education, and the relations to it of the most influential part of the profession as represented by the Academy. The enlargement of the field of usefulness of the latter institution was discussed in the remainder of the address. It had been proposed, he said, to have a series of lectures on scientific subjects delivered before the Academy, but the council had been unable to put this plan in operation because there was no fund for paying the lecturers, and it could hardly be expected that their services should be given gratuitously. Either scientific men would have to volunteer for this purpose, or else an appeal be made to the laity to furnish the necessary money. There were many wealthy individuals in New York who were in the habit of contributing liberally to various institutions, and he had no doubt that some of them, if the matter were properly brought before them, would be willing to assist the Academy in establishing such lectureships. Again, the subject of original investigation was one that should claim the attention of the Fellows. Every institution of learning should have a double function, — the teaching of that which was known, and the investigation of that which was still unknown. These investigations were generally costly, and involved the expenditure of much time and labor, but there were no means provided for them in New York, and medical men, as a rule, could not afford to devote their energies to them. Hence it was to be hoped that at no distant day the Academy would begin to exert its influence in this direction also. In concluding his discourse, Dr. Yale suggested that a museum ought now to be founded by the Academy. There was already much valuable material, he said, in the possession of private practitioners, who were not willing to donate it to institutions in which they felt little or no interest, but who would be most happy to part with it for the benefit of a society which was established for the good of the whole profession, was unhampered by restrictions, and was not governed by any clique. The Academy has just received a very valuable acquisition to its treasures in the library of the late Dr. Bumstead, who bequeathed it to it at his death. It is probably the most complete in the country on the special subjects to which it is devoted, and it is said that it will always be kept distinct, and known as the Bumstead collection.

— On the night of December 6th a fire occurred in the southern pavilion of Bellevue Hospital, occupied by medical wards for women and children, which, unhappily, resulted in the death of one of the former and three of the latter. The nurse in charge reports that when she first discovered the fire she was at the east end of the ward, about one hundred feet from where it originated, which was in an apartment occupied as a store-room for ward clothing and medicine, and that she was unable to find any cause for its origin. The three children died from suffocation, and the woman, who was in the last stages of phthisis, expired shortly after being removed to another building. All the other patients, twenty-five in number, were safely carried to other wards, and the hospital warden speaks in the highest terms of the presence of mind of the nurse, and the valuable assistance rendered in the emergency by the medical and surgical house staff and the various hospital attendants.

— A curious case of extraordinary tenacity of life has been reported from Paterson, New Jersey. A few days ago a boy, about fourteen years of age, had his cranium almost cut in two by a circular saw, and although the brain was nearly severed to the base he was at the latest advices still alive. The wound commenced near the right nostril and extended upward and backward for a distance of eight inches through the head, the probe showing that it had penetrated very deeply into the substance of the brain. While the patient was being carried to the hospital a comatose condition came on, which was, however, of short duration, but which was followed by partial paralysis of the left arm and left side of the face. Since then the patient has been at times perfectly conscious, and at times delirious, while he has sometimes suffered a good deal of pain, and again has been apparently quite free from it. On the second night after the injury the paralysis extended to the left lower extremity, the pulse began to fail, and he seemed to be sinking rapidly; but afterwards he again rallied, and when last heard from there seemed to be a prospect of the boy's surviving some time longer.

NEW ORLEANS.

— A correspondent writes us as follows under date of December 3d: Dr. Joseph Holt, one of the sanitary inspectors of this city, has published[1] a brief account of the appearance of yellow fever in New Orleans during the past summer. A complete record is given of all the cases observed, many of the cases being verified by personal observation. It appears from this report that forty-one cases of yellow fever occurred in this city during the summer, all of which were whites; nineteen of these were natives of New Orleans, two of the State of Louisiana, outside the city, and twenty from abroad. It is believed that this record comprises all the cases that have occurred, as the physicians of the city, in the words of Dr. Holt, "have been singularly mindful of their duty to the public, and have uniformly reported promptly their cases, suspicious or assured."

This paper of Dr. Holt takes rank with the report of Surgeon A. A. Woodhull, U. S. A., in the epidemic of yellow fever at Savannah in 1876. It is a plain, unvarnished record of *facts*, something rare in the history of this disease outside of the reports mentioned. As in Savannah Colonel Woodhull traced the origin of the disease to three distinct centres, between which no causative connection could be shown, so in this city Dr. Holt demonstrates the "spontaneous" occurrence of the disease in five distinct and separate parts of the city. The "air and soil pollution," so graphically described by Surgeon Woodhull as prominent characteristics of the infected localities in Savannah, had exact parallels, according to Dr. Holt, in this city last year, and to a somewhat less degree during the summer just past. The present writer has personal knowledge that the conditions of Memphis in 1878 and 1879 were strikingly similar to those of this city, and an almost exact counterpart of those of Savannah in 1876.

The following extracts from Dr. Holt's paper may be accepted as conclusions fully justified by the evidence presented: "The infected locality comprised an area of forty-five squares, known as the fourth municipal district.

"There is not the slightest evidence upon which could be founded a *suspicion* that the infection was brought into this area by importation of any kind. . . . . Outside the infected area seventeen cases occurred, one imported by ship, and four from Morgan City, an infected place. There is no authenticated instance of the disease having been communicated to any one by an imported case."

The reason why the disease did spread and assume an epidemic form in Memphis, and why it did not spread in New Orleans, is probably contained in these paragraphs: "The city authorities, the State Board of Health, assisted by the National Board, and the Auxiliary Sanitary Association concentrated their utmost efforts in the sanitation of the infected area, and, indeed, accomplished the actual and complete cleansing of this part of the city. The pestilence subsided coincidently with the thorough cleaning of this locality.

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[1] New Orleans Medical and Surgical Journal, September and December, 1879.

"Of three things we are certainly assured: We know that perfect sanitation is the one great experiment yet to be tried in the solution of the yellow fever problem; that the disease has ceased to occur epidemically in certain cities, heretofore scourged, coincidently with an improved municipal sanitation; and, finally, that every city, town, or ship in which the disease breaks out and spreads is a city, town, or ship in a *foul and most unsanitary* condition."

It is doubtless to the labors of such men as Drs. Woodhull and Holt that we must look for the ultimate solution of the problem of the origin and spread of yellow fever.

— Dr. C. F. Folsom, of Boston, and Dr. Billings, of the army, were in New Orleans two days ago, consulting with representatives of the commercial interests of the city with reference to establishing a national quarantine station at Ship Island in the Gulf of Mexico.

— The health of the city remains excellent, the death-rate for last week being only a small fraction over twenty per thousand.

SHORT COMMUNICATIONS.

THE NATIONAL BOARD OF HEALTH.

Mr. Editor, — The Journal for December 11th, page 853, contains a letter evidently written or inspired by some one in intimate relations with the United States Marine Hospital Service, if not at some time an officer of it; and his statement of what he calls "our position" may probably be taken as meaning the position of that service. Other anonymous articles have been published, it is true, of a similar character and from a kindred source; for it is well known that the United States Marine Hospital Service is very desirous that the National Board of Health should be abolished and its duties and powers transferred to the supervising surgeon-general of the marine hospital service, — a position which has been already condemned in strong terms by the united voice of the sanitarian and medical profession of the country. Some of the statements in that letter are so untrue that I feel it my duty to reply to them. It is not true that Dr. Woodworth was the man who above all others was the moving spirit in making the Public Health Association a success, as every one of the older members of the association knows. Dr. Woodworth, too, did his best, up to the last moment, to prevent the organization of the National Board of Health; and all its work has been on a different basis and carried out in a different way than he proposed and planned. It is not true that the work of the board, as insinuated, is the same as that projected by him. The statement that "all the power of the board during the past summer has been vested in one man" is untrue, and insulting to the gentlemen who compose it, as are the insinuations of intrigues for the present arrangement of officers of the board and in regard to the refrigerating ship. The statements concerning the inspectors of the board are false. The resolutions adopted at Nashville represented the opinions of the sanitarians assembled there, otherwise they would not have passed; no one of the National Board of Health was on the committee which framed them. Having been present at the Nashville meeting, I think I have a right to express the opinion that there was a general and strong wish to know just what President Cabell stated in his address.

I have no desire to appear as the advocate of the National Board of Health, for it can be safely left to the judgment of competent and disinterested persons who will soon have an opportunity of studying its report; but I do protest against respectable journals publishing calumnious letters without giving the names of their authors, if at all. That there should be some way of bringing them to the light and making them responsible for what they say seems to me very clear. Let us have a code of ethics at once. **Charles F. Folsom.**

[We had the customary securities for the good faith of our correspondent, to whom we leave the defense of his views, feeling in the mean time no uneasiness in behalf of our "respectability." The opinions and statements of our correspondent do not appear for the first time in print in his letter, and if erroneous or false it is better that they should be corrected or exposed. Public affairs must bear public discussion. — Ed.]

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PERINEAL LACERATIONS.

Mr. Editor, — The cicatrix referred to on page 883 (Journal, December 18th) was *two thirds of an inch* long, instead of an inch and a half, as reported. I have had several extensive perineal lacerations in my practice (not one only, as stated in the report), and have used stitches in all but the case mentioned, with good results, except in one, in which the union was incomplete. My remarks had reference mainly to the slight lacerations which are comparatively frequent, and are usually regarded as of no serious importance.

S. L. Abbot.

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REPORTED MORTALITY FOR THE WEEK ENDING DECEMBER 13, 1879.

Cities.	Population estimated for July, 1879.	Reported Deaths in each.	Deaths under Five Years.	Percentage of total Deaths from				
				The Principal "Zymotic" Diseases.	Lung Diseases.	Diphtheria and Croup.	Scarlet Fever.	Typhoid Fever.
New York	1,085,000	480	181	20.63	18.13	7.71	1.88	1.67
Philadelphia	901,380	282	68	10.99	7.09	4.96	.71	2.48
Brooklyn	564,400	212	84	18.40	23.58	12.74	.47	—
Chicago	—	151	73	37.75	3.97	23.18	5.96	2.65
St. Louis	—	97	34	18.56	8.25	5.15	—	2.06
Baltimore	393,796	141	54	24.11	6.38	7.80	11.35	3.55
Boston	360,000	134	49	17.16	8.96	10.45	—	.75
Cincinnati	280,000	75	28	17.33	6.67	2.67	4.00	6.67
New Orleans	210,000	70	31	10.00	8.57	1.43	—	—
District of Columbia	170,000	—	15	—	—	—	—	—
Cleveland	160,000	48	28	33.33	4.17	8.33	20.83	2.08
Pittsburgh	—	52	24	26.92	15.38	11.54	3.85	3.85
Milwaukee	127,000	29	17	27.59	17.24	20.69	3.48	—
Providence	101,500	40	16	55.00	2.50	10.00	40.00	2.50
New Haven	60,000	25	14	12.00	12.00	4.00	—	—
Charleston	57,000	32	14	9.38	6.25	—	—	3.13
Nashville	27,000	12	4	33.33	—	—	—	16.67
Lowell	53,300	15	4	—	6.67	—	—	—
Worcester	52,500	16	5	31.25	12.50	6.25	6.25	6.25
Cambridge	50,000	18	2	22.22	11.11	5.55	—	11.11
Fall River	48,500	—	—	—	—	—	—	—
Lawrence	38,200	12	4	8.33	25.00	8.33	—	—
Lynn	34,000	11	—	9.09	—	9.09	—	—
Springfield	31,500	14	6	21.43	—	21.43	—	—
New Bedford	27,000	16	6	6.25	6.25	6.25	—	—
Salem	26,400	11	4	45.45	9.09	27.27	9.09	9.09
Somerville	23,350	4	—	—	—	—	—	—
Chelsea	20,800	6	2	66.67	33.33	66.67	—	—
Taunton	20,200	9	—	22.22	11.11	22.22	—	—
Holyoke	18,200	8	4	25.00	12.50	—	25.00	—
Gloucester	17,100	6	4	83.33	—	—	83.33	—
Newton	17,100	3	1	—	—	—	—	—
Haverhill	15,300	7	—	28.57	—	14.28	—	—
Newburyport	13,500	3	0	—	—	—	—	—
Pittsfield	12,650	5	—	20.00	40.00	20.00	—	—
Fitchburg	12,500	4	1	—	—	—	—	—
Milford	9,800	0	—	—	—	—	—	—

Two thousand and forty-eight deaths were reported : principal "zymotic" diseases (small-pox, measles, diphtheria and croup, diarrhœal diseases, whooping-cough, erysipelas, and fevers) 427, consumption 336, lung diseases 240, diphtheria and croup 186, scarlet fever 78, typhoid fever 43, diarrhœal diseases 39, whooping-cough 28, measles 22, erysipelas 14, malarial fevers nine, cerebro-spinal meningitis six, small-pox two. (In addition, District of Columbia reports 16 deaths from consumption, lung diseases eight, diarrhœal diseases two, scarlet fever, whooping-cough, and typhoid fever one each, — total deaths not given.) In the cities excluding the District of Columbia, from *whooping-cough*, New York, eight, Philadelphia six, Boston three, Chicago, New Orleans, Pittsburgh, and New Haven two, Baltimore, Cleveland, and Providence one; from *measles*, New York 14, Chicago four, Brooklyn two, Philadelphia and Boston one; from *erysipelas*, New York four, Brooklyn three, Chicago and St. Louis two, Cincinnati, Pittsburgh, and Milwaukee one; from *malarial fevers*, New York seven, Brooklyn two; from *cerebro-spinal meningitis*, St. Louis two, New York, Philadelphia, Chicago, and Charleston one; from *small-pox*, Worcester two.

Consumption, measles, fever, and erysipelas were more fatal than in the previous week; lung diseases, malarial fevers, and diphtheria less so. In the 20 Massachusetts cities and towns, with an estimated population of 853,400, diphtheria and consumption were more fatal, scarlet fever, whooping-cough, typhoid fever, and lung diseases less so. Small-pox was imported to Worcester from Canada; the cases have been isolated, and the disease does not appear to be spreading.

The meteorological record for the week in Boston was as follows: —

Date.	Barometer.	Thermometer.			Relative Humidity.				Direction of Wind.			Velocity of Wind.			State of Weather.[1]			Rainfall.	
	Mean.	Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 P. M.	Mean.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
Dec. 7	29.789	50	58	43	87	48	54	63	SW	W	SW	13	28	12	R	C	C	—	.35
" 8	30.206	42	51	39	67	100	57	75	SW	W	N	4	7	10	O	R	O	—	.08
" 9	30.549	33	42	30	69	63	69	67	N	E	E	13	17	9	C	C	C	—	—
" 10	30.232	44	53	33	89	76	100	88	0	SE	S	0	12	14	O	O	R	—	.03
" 11	29.800	52	63	40	94	83	68	82	S	SW	NW	17	21	7	O	O	R	—	.14
" 12	30.199	34	41	27	63	38	47	49	NW	N	NW	10	11	5	O	C	C	—	—
" 13	30.691	28	35	21	74	38	56	56	N	E	NE	8	6	7	F	F	F	—	—
Week.	30.209	40	49	78				69		SW								29.40	.60

[1] O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., snow; R., rain; T., threatening.

For the week ending November 22d, in 149 German cities and towns, with an estimated population of 7,483,715, the death-rate was 23.4 against 22.6 of the previous week. Three thousand three hundred and sixty-six deaths were reported: pulmonary consumption 455, diphtheria and croup 196, diarrhœal diseases 187, scarlet fever 96, whooping-cough 49, typhoid fever 42, measles and *rötheln* 36, puerperal fever 19, small-pox (Dantzic) one. The death-rates ranged from 9.1 in Potsdam to 41.8 in Crefeld; Dantzic 28.6; Munich 33.2; Dresden 17.9; Berlin 23.2; Leipsic 22.8; Hamburg 27.7; Hanover 14; Bremen 20.6; Cologne 20.0; Frankfort 13.6. In the same week, Vienna 24.7; Paris 24.8.

For the week ending November 29th, in the 20 English cities, with an estimated population of 7,383,999, the total death-rate was 25.2 against 24.7 of the previous week. Three thousand five hundred and sixty-seven deaths were reported: diseases of the respiratory organs 576, scarlet fever 190, measles 172, whooping-cough 83, fever 53, diarrhœa 35, diphtheria 15, small-pox (London) three. The death-rates ranged from 15.4 in Portsmouth to 34.4 in Plymouth; London 26.0; Brighton 21.7; Bristol 26.3; Birmingham 24.6; Liverpool 28.6; Manchester 24.9; Leeds 26.8. In Edinburgh 20, Glasgow 17, Dublin (two deaths from small-pox) 31. In 26 cities and towns in Belgium of more than 10,000 population, the death-rate was 27.3; in 25 smaller towns 28.9, lung diseases being extremely prevalent and fatal. The acute diseases next in order are diarrhœa, small-pox, typhoid fever, measles, whooping-cough, croup, scarlet fever, diphtheria. Antwerp 22.9; Ghent 22.0; Brussels 22.9; Liege 16.7.

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OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM DECEMBER 13, 1879, TO DECEMBER 19, 1879.

Forwood, William H., major and surgeon. Relieved from duty in Department of the South, and to report in person to commanding general, Department of the Platte, for assignment to duty. S. O. 280, A. G. O., December 12, 1879.

Cleary, P. J. A., captain and assistant surgeon. Assigned to duty at Plattsburg Barracks, New York. S. O. 225, Department of the East, December 18, 1879.

Paulding, H. O., captain and assistant surgeon. Granted leave of absence for twenty days from January 10, 1879. S. O. 224, Department of the East, December 17, 1879.

Appel, D. M., first lieutenant and assistant surgeon. His leave of absence extended one month. S. O. 143, Division of the Missouri, December 17, 1879.

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Suffolk District Medical Society. — A regular meeting will be held at the hall, No. 19 Boylston Place, on Saturday evening, December 27th, at seven and a half o'clock. The following papers will be read: Dr. David Hunt, Harvard University and Medical Reform; Dr. Hamilton Osgood, Medical Missionary Work in Japan, by Dr. W. W. Keen, of Philadelphia. Supper at nine o'clock. T. M. Rotch, *Secretary.*

The Gynæcological Society of Boston. — The twelfth annual meeting will be held at the Medical Library Rooms, 19 Boylston Place, on the first Tuesday of January, at four o'clock, A. M. Election of officers and other business pertaining to the first of the year. Henry M. Field, M. D., *Secretary.*

Books and Pamphlets Received. — Outlines of the Practice of Medicine, with special reference to the Prognosis and Treatment of Disease. With Appropriate Formulæ and Illustrations. By Samuel Fenwick, M. D., Lecturer on the Principles and Practice of Medicine at the London Hospital, etc. Philadelphia: Lindsay and Blakiston. 1880. (From A. Williams & Co.)

The Theory and Practice of Medicine. By Frederick T. Roberts, M. B., B. Sc., F. R. C. P. With Illustrations. Third American from the Fourth London Edition. Philadelphia: Lindsay and Blakiston. 1880. (A. Williams & Co.)

Transactions of the Twenty-Ninth Anniversary Meeting of the Illinois State Medical Society. Chicago. 1879.

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